	CRANE CR	ITICAL LIFTS		
Date of Planned Lift:	Today's Date		Designated Crane Operator.	
Supervisor responsible for the lift:	Description of the item to be lifted:			
Weight of item to be lift:	Was the weight estimated? YES NO (circle one)		If estimated, by whom?	
Was the weight confirmed?	Confirmed by whom?		Method of verification:	
YES NO (circle one)				
	HOISTING	EQUIPMENT		
Type of unit:		Gross Lifting Ca	Capacity:	
Designated rigger or tag man:		Rigging to be used:		
INS	SPECTION OF HO	ISTING EQUIPM	ENT	
Lift Unit Inspector:		Date lifting unit was inspected:		
Rigger Inspector:		Date Rigging was Inspected:		
	SCHEDULE OF	OPERATIONS		
Time:	Location:		Date:	
Is the Area Clear of Personnel? YES NO (circle one)	Were the equipment inspections and operations performed? YES NO (circle one)		Name of the Inspector:	
Were any discrepancies noted by the rigger or operator?		If yes, please explain:		
YES (circle and)	NO			
(circle one)	on to Maria) I and) VEC /ai	rcie one) NO	
Is the Item a Freely Suspended (Fr If the load is not freely suspended, bolts", etc.)	The second secon			

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CRITICAL LIFTS (con.)

If eye bolts or similar lifting attachments were used, have they been verified to be sufficient size and capacity?	Name of the individual that verified the capacity of the attachments:	
YES NO		
(circle one)		
Diagram the path that the load is to follow:		
Is there sufficient clearance for the load at every	Has an individual been designated to observe any	
point along the path?	area that people could move into the load path?	
YES NO	YES NO	
(circle one)	(circle one)	
(011010 0110)	(choic one)	
Verified by whom	If so, Whom?	
Crane Operator's signature:	Supervisor's signature:	
Crarie Operator's signature.	Supervisor's signature.	
Comments:		
Comments.		

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